

## **ATTACHMENT 2**

**Solicitation DTFASO-10-R-00119  
CHATTANOOGA REMOTE COMMUNICATIONS AIR/GROUND  
ASBESTOS ABATEMENT, Chattanooga, TN**

### **Certificate of Worker's Acknowledgment**

## CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: \_\_\_\_\_ CONTRACT NO.: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_

EMPLOYEE'S NAME: \_\_\_\_\_

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAVE BEEN LINKED WITH TYPES OF LUNG DISEASE AND CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS, THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NONSMOKING PUBLIC.

Your employer's contract for the above project requires that: you be provided with and complete formal and project specific training, you be supplied with proper personal protective equipment including respirators, that you be trained in its use and that you receive a medical examination to evaluate your physical capacity to perform your assigned work tasks, under the environmental conditions expected, while wearing the required personal protective equipment. These things are to be done at no cost to you. By signing this certification, you are acknowledging that your employer has met these obligations to you. \_\_\_\_\_ Date Completed: \_\_\_\_\_

FORMAL TRAINING: I have completed a formal training course for: asbestos abatement workers (for workers) (Contractor/Supervisor) that meets EPA's and this state's requirements \_\_\_\_\_

In addition, I have completed annual refresher as required by EPA and this state's requirements \_\_\_\_\_

PROJECT SPECIFIC TRAINING: I have been provided and have completed the project specific training required by this Contract. My employer's industrial hygienist and competent person/supervisor conducted the training \_\_\_\_\_

RESPIRATORY PROTECTION: I have been trained in accordance with the criteria in the Contractor's Respiratory Protection program. I have been trained in the dangers of handling and breathing asbestos dust and in the proper work procedures and use and limitations of the respirator(s) I will wear. I have been trained in and will abide by the facial hair policy of my employer \_\_\_\_\_

RESPIRATOR FIT-TEST TRAINING: I have been trained in the proper selection, fit, use, care, cleaning, and maintenance, and storage of the respirator(s) that I will wear. I have been fit-tested in accordance with the criteria in the Contractor's Respiratory Program and have received a satisfactory fit. I have been assigned my individual respirator. I have been taught how to properly perform positive and negative pressure fit-check upon donning negative pressure respirators each time \_\_\_\_\_

CERTIFICATE OF MEDICAL EXAMINATION: I have had a medical examination within the last twelve months, which was paid for by my employer. The examination included: health history, pulmonary function tests, and may have included an evaluation of a chest x-ray. A physician made determination regarding my physical capacity to perform work tasks on the project while wearing personal protective equipment including a respirator. I was personally provided a copy and informed of the results of that examination. My employer's industrial hygienist evaluated the medical certification provided by the physician and checked the appropriate blank below. The physician determined that here:

\_\_\_\_\_ were no limitations to performing the required work tasks;

\_\_\_\_\_ were identified physical limitations to performing the required work tasks.

Employee's Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor's Industrial Hygienist Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

Date medical exam completed: \_\_\_\_\_